



UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE
 United States Patent and Trademark Office
 Address: COMMISSIONER FOR PATENTS
 P.O. Box 1450
 Alexandria, Virginia 22313-1450
 www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 5244

| | | | | |
|------------------------------------|---|---------------------|-------------------------------|--|
| SERIAL NUMBER 10/540,215 | FILING OR 371(c) DATE 06/20/2005 RULE | CLASS 435 | GROUP ART UNIT 1644 | ATTORNEY DOCKET NO. 00401P0004WOUS |
|------------------------------------|---|---------------------|-------------------------------|--|

APPLICANTS

Gerolf Zimmermann, Leipzig, GERMANY;
 Henry Alexander, Leipzig, GERMANY;

**** CONTINUING DATA *******

This application is a 371 of PCT/DE03/04293 12/19/2003

**** FOREIGN APPLICATIONS *******

GERMANY 102 60 556.4 12/21/2002
 GERMANY 103 25 637.7 06/06/2003
 GERMANY 103 25 636.9 06/06/2003

**** SMALL ENTITY ****

| | | | | | |
|---|---|------------------------------------|----------------------------|---------------------------|--------------------------------|
| Foreign Priority claimed 35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance | STATE OR COUNTRY GERMANY | SHEETS DRAWING 2 | TOTAL CLAIMS 31 | INDEPENDENT CLAIMS 5 |
| Verified and Acknowledged | Examiner's Signature _____ Initials _____ | | | | |

ADDRESS

AIR MAIL

30008

TITLE

Method and means for determining specific conditions or changes in the uterine epithelium and in the epithelium of other organs

| | | |
|-----------------------------------|---|---|
| FILING FEE RECEIVED 925 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit |
|-----------------------------------|---|---|